MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3683 62-027354 ✓
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 7/65
3
4 1
5 2
6
7 1
8 2
9 33/X
10
11
12 90-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. FILED JUL 30 1962 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 2 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7505 E 87th St. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: JACKSON
c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1251 2 E 49 Terr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Marie — Middle: (NMN) — Last: Stoeckle

4. DATE OF DEATH: Month: July — Day: 11 — Year: 1962

5. SEX: female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Aug 4 1879

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Chicago - Ill.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Fred Blohm

13b. MOTHER'S MAIDEN NAME: Carolina Becker

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Bertie Newhouse 1251 2 E 49th Ter.

18. CAUSE OF DEATH (Enter only one cause per line)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebrovascular accident -	3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6 Apr 62 to 7-11-62 and last saw her alive on 7-10-62
Death occurred at 3 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm Morris M.D.

22b. ADDRESS: Mayflower Clinic Raytown Mo.

22c. DATE SIGNED: 7-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-16-1962

23c. NAME OF CEMETERY OR CREMATORY: Bethania Cem.

23d. LOCATION (City, town, or county) (State): Justice Ill.

24. FUNERAL DIRECTOR ADDRESS: Hinton Funeral Home Raytown, Mo.

25. DATE RECD. BY LOCAL REG.: 7-14-62

26. REGISTRAR'S SIGNATURE: Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Forrest D. Coldsmith

Licensed Embalmer No. 4714

P. O. Address Kokomo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.